

SERIAL NUMBER 09/031,578	FILING DATE 02/27/1998	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO
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APPLICANT
RICHARD S BLUME, NORTHPORT, NEW YORK.

CONTINUING DOMESTIC DATA***
VERIFIED
none p/w

371 (NAT'L STAGE) DATA***
VERIFIED
none p/w

FOREIGN APPLICATIONS***
VERIFIED
none p/w

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWINGS 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
Verified and acknowledged	<i>Richard Blume</i> Examiner's Name Initials				

ADDRESS
RICHARD S. BLUME
18 BEACH AVENUE
NORTHPORT , NY 11768

TITLE
METHOD AND TEST KIT FOR ORAL SAMPLING AND DIAGNOSIS

FILING FEE RECEIVED \$**604	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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CONTINUING DOMESTIC DATA*** VERIFIED <i>nm</i>						
371 (NAT'L STAGE) DATA*** VERIFIED <i>nm</i>						
FOREIGN APPLICATIONS*** VERIFIED <i>nm</i>						
631.754.8576						
SMALL ENTITY						
Foreign priority claimed 35 USC 119 (a-d) conditions met Verified and acknowledged		<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> Met after Allowance <i>nm</i> Examiner's Name Initials	STATE OR COUNTRY NY	SHEETS DRAWINGS 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
ADDRESS RICHARD S. BLUME 18 BEACH AVENUE NORTHPORT , NY 11768						
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